

2016 Annual Information Return

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name PACIFIC SAFETY CENTER California corporation number 0272303

Additional information. See instructions. FEIN 95-1920514

Street address (suite or room) 9880 VIA PASAR PMB no.

City SAN DIEGO State CA Zip code 92126

Foreign country name Foreign province/state/county Foreign postal code

A First Return B Amended Return C IRC Section 4947 (a)(1) trust D Final Information Return? E Check accounting method F Federal return filed G Is this a group filing? H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? P Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17).

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Ariel Kagan Title: Date: 04/19/17 Telephone: 858-621-2313

Paid Preparer's Use Only Preparer's signature: Ariel Kagan Date: 04/18/2018 Check if self-employed: [ ] PTIN: P01219790 Firm's name (or yours, if self-employed) and address: KAGAN AND ASSOCIATES, CPAS, 10763 WOODSIDE AVE, STE B, SANTEE, CA 92071 FEIN: 27-4250737 Telephone: 619-878-5779

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	● <b>1</b>	1,386,157	00
	<b>2</b> Interest	● <b>2</b>	176	00
	<b>3</b> Dividends	● <b>3</b>	0	00
	<b>4</b> Gross rents	● <b>4</b>	0	00
	<b>5</b> Gross royalties	● <b>5</b>	0	00
	<b>6</b> Gross amount received from sale of assets (See Instructions)	● <b>6</b>	0	00
	<b>7</b> Other income. Attach schedule	● <b>7</b>	0	00
	<b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	● <b>8</b>	1,386,333	00
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule	● <b>9</b>	0	00
	<b>10</b> Disbursements to or for members	● <b>10</b>	0	00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule	● <b>11</b>	0	00
	<b>12</b> Other salaries and wages	● <b>12</b>	0	00
	<b>13</b> Interest	● <b>13</b>	0	00
	<b>14</b> Taxes	● <b>14</b>	80,185	00
	<b>15</b> Rents	● <b>15</b>	87,200	00
	<b>16</b> Depreciation and depletion (See instructions)	● <b>16</b>	0	00
	<b>17</b> Other Expenses and Disbursements. Attach schedule	● <b>17</b>	660,868	00
	<b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	● <b>18</b>	828,253	00

<b>Schedule L Balance Sheet</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
<b>1</b> Cash		152,495.		● 210,690.
<b>2</b> Net accounts receivable		82,725.		● 47,930.
<b>3</b> Net notes receivable		0.		● 0.
<b>4</b> Inventories		19,218.		● 16,191.
<b>5</b> Federal and state government obligations		0.		● 0.
<b>6</b> Investments in other bonds		0.		● 0.
<b>7</b> Investments in stock		0.		● 0.
<b>8</b> Mortgage loans		0.		● 0.
<b>9</b> Other investments. Attach schedule		0.		● 0.
<b>10 a</b> Depreciable assets	537,432.		598,432.	
<b>b</b> Less accumulated depreciation	( 473,985. )	63,447.	( 518,501. )	79,931.
<b>11</b> Land		0.		● 0.
<b>12</b> Other assets. Attach schedule		0.		● 0.
<b>13 Total assets</b>		317,885.		354,742.
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable		101,350.		● 98,632.
<b>15</b> Contributions, gifts, or grants payable		0.		● 0.
<b>16</b> Bonds and notes payable		0.		● 0.
<b>17</b> Mortgages payable		0.		● 0.
<b>18</b> Other liabilities. Attach schedule		0.		● 0.
<b>19</b> Capital stock or principal fund		0.		● 0.
<b>20</b> Paid-in or capital surplus. Attach reconciliation		0.		● 0.
<b>21</b> Retained earnings or income fund		204,163.		● 206,544.
<b>22 Total liabilities and net worth</b>		305,513.		305,176.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
<b>1</b> Net income per books	● 5,381.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule	● 0.
<b>2</b> Federal income tax	● 0.	<b>8</b> Deductions in this return not charged against book income this year. Attach schedule	● 0.
<b>3</b> Excess of capital losses over capital gains	●	<b>9</b> Total. Add line 7 and line 8	0.
<b>4</b> Income not recorded on books this year. Attach schedule	● 0.	<b>10</b> Net income per return.	
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule	● 0.	Subtract line 9 from line 6	5,381.
<b>6</b> Total. Add line 1 through line 5	5,381.		

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2016

8453-EO

Exempt Organization name PACIFIC SAFETY CENTER	Identifying number 95-1920514
---	----------------------------------

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,666,287
2 Total gross income (Form 199, line 8)	2	1,666,287
3 Total expenses and disbursements (Form 199, Line 9)	3	828,253

**Part II Settle Your Account Electronically for Taxable Year 2016**

4  Electronic funds withdrawal      4a Amount 0      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account:  Checking       Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title 04/19/17

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01219790
	Firm's name (or yours if self-employed) and address	KAGAN AND ASSOCIATES, CPAS 10763 WOODSIDE AVE, STE B SANTEE CA			FEIN 27-4250737
					ZIP code 92071

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P01219790	
	Firm's name (or yours if self-employed) and address	KAGAN AND ASSOCIATES, CPAS 10763 WOODSIDE AVE, STE B SANTEE CA			FEIN 27-4250737
				ZIP code 92071	